

David V. Feliciano: Contributions to acute care surgery

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SUMMARY

Dr. David Feliciano is a surgical triple threat whose contributions to the practice, research and teaching of trauma care have rarely been matched. Canadians benefit from his willingness to educate the country's clinical trauma surgeons and surgeon-scientists from coast to coast.

Dr. David Feliciano (Figure 1) was born and raised in New York City, until his father left for service in World War II. His mother then moved the family just across the water to New Jersey, where his father's large Italian family was located. Dr. Feliciano's immersion into medicine was early and profound, and most certainly a direct result of watching his father, who had an even-keeled and likable temperament, as he worked as a community surgeon. Starting at the age of 5 years, young David attended weekend patient rounds, performed urinalyses and absorbed the culture and cadence of a surgical practice. Once in high school, his first paying job was as an operating room technician, which he did at a number of New York City area hospitals over the subsequent 5 summer breaks. This early education also included observing his father perform not only surgical interventions, but also occupational medicine tasks for the Boards of Education and Health.

Dr. Feliciano's educational pathway took him to Georgetown University in Washington, D.C., for his undergraduate degree and medical school, and then to the Mayo Clinic for his internship and general surgery residency. His formative surgical education also included a mid-residency leave of absence to complete a trauma fellowship with Drs. Lucas and Ledgerwood at the Detroit Receiving Hospital, a 6-month vascular fellowship at Baylor University in Houston with Dr. DeBakey, a junior staff position in Rochester with Dr. Seymour Schwartz, and then a faculty position at Ben Taub County Hospital. After an early discharge from the United States Navy, Dr. Feliciano also worked as an emergency department physician at the time of the development of the specialty in the early 1970s at Saint John's Hospital in Oxnard, California. This varied and high-volume surgical experience, under the guidance of some of the most iconic surgeons in the history of American surgery, constructed both the clinical and temperamental foundation for his career.

While at Ben Taub Hospital, Dr. Feliciano partnered with Ken Mattox and Jon Burch, and together they revolutionized the care of injured patients. Although their most substantial contributions focused on vascular and cardiac injuries, their insight and study extended far beyond these topics into thoracic, hepatic and pelvic trauma. After an incredible experience in Houston, Dr. Feliciano moved on to eventually become the surgeon-in-chief at Grady Memorial Hospital in Atlanta. As a faculty surgeon at Emory University, he engaged in a high-volume practice with breadth and depth that is almost inconceivable in the modern era. Dr. Feliciano's expertise spanned complex general surgery, vascular surgery, trauma surgery, reoperative surgery, thyroid



Grace Rozycki

Fig. 1. Dr. David V. Feliciano. Photograph taken by Dr. Grace Rozycki.

and parathyroid surgery, abdominal wall reconstruction and surgical critical care. Early, culture-shifting changes under Dr. Feliciano's leadership at Grady included a wholesale transition in the responsibility and engagement in trauma resuscitations, from emergency medicine physicians to trauma service faculty; creation of a formal, surgical critical care service; and in-house, unpaid night call. These foundational improvements in care, commitment, responsibility and knowledge created a platform for the Grady surgical group to move into the very top echelon of peer respect and scientific contribution to the field of injury care.

Although Dr. Feliciano's achievements in trauma care are too diverse and challenging to adequately catalogue, highlights include the organization of abdominal vascular injuries into formal regions that could be studied and treated with systematic methodology; the development of approaches to the surgical treatment of hepatic trauma; imaging and surgical techniques related to peripheral vascular injuries; and vascular damage control using temporary shunts and balloon occlusion. Dr. Feliciano was also a strong supporter and champion of Dr. Grace Rozycki's pioneering work in surgeon-performed ultrasonography for both trauma resuscitation and acute care

surgery. Most surgeons dream of contributing just a small sliver of these advancements, but Dr. Feliciano has been endlessly persistent and enthusiastic in his quest to achieve seismic surgical innovation.

Although his peer-reviewed research and contributions to continuing medical education in general surgery and its related subspecialties have rarely been matched, Dr. Feliciano's leadership and teaching portfolios are even more impressive. His commitment to educating surgical trainees at all levels is simply unmatched, as highlighted by a nearly 2-decade streak as the Emory University "teacher of the year" in the surgical residency program, and by more than 45 individual teaching awards. His style is direct, organized and detailed. His approach requires commitment from both the teacher and the learner, and is a force we rarely experience in today's busy hospital culture and surgical practices. Among those who have experienced his leadership firsthand, the proverbial quote that we "would go through a wall" for him is ubiquitous. This sentiment is also echoed in the halls of multiple standard-bearing societies for which he has been the president (including, but not limited to, the American Association for the Surgery of Trauma and Western Trauma Association).

As Dr. Feliciano works through the current chapter of his career at Baltimore's Shock Trauma Center with his colleague, Dr. Tom Scalea, we can all look back with admiration and gratitude to the man who is simply referred to as "The Boss." Around the world, general surgeons and severely injured patients have benefited from Dr. Feliciano's sustained dedication and excellence as a true, modern surgical triple threat. As he often says, "treat every patient like your mother, father or sibling ... because they deserve it." Although we are all better off for the many things Dr. Feliciano has taught us over the years, Canadians, in particular, continue to benefit from his willingness to educate Canada's clinical trauma surgeons and surgeon-scientists from coast to coast. Dr. Feliciano models how commitment, caring, thoughtful innovation and persistent effort are tools that we can all use to change the surgical environments for the betterment of all.¹

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